



## Dwyer School of Irish Dance Registration Form

Revised Sept 2024

Both parents names: \_\_\_\_\_

Step parents names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

\_\_\_\_\_ cell phone: \_\_\_\_\_ \_\_\_\_\_ cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation & cell phone: \_\_\_\_\_

E-mail address \_\_\_\_\_: \_\_\_\_\_

E-mail address \_\_\_\_\_: \_\_\_\_\_

\*Please note if your dancer has an allergy that requires an epi pen (nuts, bees etc.)  
This will be clearly noted on Attendance sheets for all teachers

Name of dancer: \_\_\_\_\_ age: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergy: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergy: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergy: \_\_\_\_\_

How did you hear about Dwyer Irish Dance?? \_\_\_\_\_

One time registration fee \$25 per dancer is to be included with first month's payment.

By signing the registration form you acknowledge and accept that Irish Dance is a physical activity that involves risk of injury. Your signature on the registration form releases Dwyer School of Irish Dance, LLC, its teachers and assistants from any and all liability resulting from injury that is caused by Irish Dancing.

I grant to the Dwyer School of Irish Dance, LLC, the right to take photographs of me and my family. I authorize the Dwyer School of Irish Dance, LLC, its assigns and transferees to copyright, use and publish the same in print and or electronically. I agree that the Dwyer School of Irish Dance, LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read the Dwyer School of Irish Dance, LLC *Social Media Policy*.

I have read and understand the above statements and policies:

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_